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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Brian A. Rosenfeld, M.D. & Michael Breslow

Serial No.: 10/654,668

Group Art Unit: 3626

Filed: 09/04/2003

Examiner: Not Yet Assigned

For: **SYSTEM AND METHOD FOR PHYSICIAN NOTE CREATION AND
MANAGEMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed please find the following:

1. Supplemental Information Disclosure Statement;
2. Form PTO/SB/08 (2 sheets)

The Commissioner is hereby authorized to charge any fee deficiency, or credit any overpayment, to Deposit Account No. 18-1579. The Commissioner is also authorized to charge Deposit Account No. 18-1579 for any future fees connected in any way to this application. Two copies of this letter are enclosed.

Respectfully submitted,

Elliott D. Light, Esq.
Registration No.: 51,948
Jon L. Roberts, Esq.
Registration No. 31,293
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11800 Sunrise Valley Drive, Suite 1000
Reston, Virginia 20191
(703) 391-2900

April 20, 2006

Atty. Docket No. 2483-001CIP1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Brian A. Rosenfeld, M.D. & Michael Breslow

Serial No.: 10/654,668

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 CFR 1.56**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 CFR § 1.56, Applicant hereby submits the attached Supplemental Information Disclosure Statement. The documents listed on the attached form PTO/SB/08 are not necessarily analogous art. It is respectfully requested that these documents be considered by the Examiner and that the Examiner indicate consideration of the cited references by returning copies of the attached form PTO/SB/08 with initials or other appropriate marks affixed. It is noted that as of April 20, 2006, an office action pertaining to this matter has not been received. Copies of cited U.S. patents are not enclosed.

Respectfully submitted,

Elliott D. Light, Esq.
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PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet **1** of **2**

Complete if Known

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|------------------------|--------------------|
| Application Number | 10/654,668 |
| Filing Date | 09/04/2003 |
| First Named Inventor | Brian A. Rosenfeld |
| Art Unit | 3626 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 2483-001CIP1 |

U. S. PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | | Number-Kind Code ² (if known) | | | |
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| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear | † ⁶ |
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This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 2 of 2**Complete if Known**

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| Application Number | 10/654,668 |
| Filing Date | 09/04/2003 |
| First Named Inventor | Brian A. Rosenfeld |
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| | | Country Code ³ Number ⁴ Kind Code ⁵ (<i>if known</i>) | | | | |
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| Examiner Signature | | Date Considered | |
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